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40306 7590 05/28/2004

**SHEWCHUK IP SERVICES
533 77TH STREET WEST
EAGAN, MN 55121**



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Jeffrey D. Shewchuk	(Depositor's name)
<i>[Signature]</i>	(Signature)
June 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/921,252	08/02/2001	Anne Hover	A227.12-0057	9889

TITLE OF INVENTION: BONE FRACTURE SUPPORT IMPLANT WITH NON-METAL SPACERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAXTER, JESSICA R	3731	606-064000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Shewchuk IP Services**

2. **Jeffrey D. Shewchuk**

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DePuy Orthopaedics, Inc.

Warsaw, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee
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(Authorized Signature) *[Signature]* (Date) **June 25 2004**

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07/01/2004 HDEMESS2 00000043 09921252

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02 FC:1504**

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